STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES®
A Public Service Agency

TRAFFIC VIOLATOR COURSE COMPLETION (TVCC) DATABASE
TVS/COURT PRIMARY ADMINISTRATOR ACCESS REQUEST

INSTRUCTIONS:

- Print clearly in blue or black ink or type.
- Retain a copy of this form in a secure location for your records.
- To preserve the confidentiality of this information, place the completed form in a sealed envelope and print your name on the front.
- The sealed envelope containing this form must be attached to the completed Enrollment Application TVS/Court Primary Administrator Traffic Violator Course Completion Database, OL 771.
- Mail to: Department of Motor Vehicles, P.O. Box 932345, MS J152, Sacramento, CA 94232-3450.

ADMINISTRATOR TRUE FULL NAME *(LAST, FIRST, MIDDLE)*	TVS LICENSE OR COURT ID NUMBER
EMAIL ADDRESS *(REQUIRED)*	BUSINESS AREA CODE/TELEPHONE NUMBER ( )

Have you had access to any DMV systems under another name? .... ☐ YES ☐ NO

IF YES, LIST NAME	PREVIOUS USER ID NUMBER

DMV***12 has been developed as your Default Password. To complete the Default Password you will use your first, middle and last initials. If you do not have a middle initial the letter "X" will need to be used.

DEFAULT PASSWORD

DMV _____ _____ _____ 12

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

ADMINISTRATOR'S SIGNATURE **X**	DATE

NOTE: You will receive an email confirming access with a default password that must be changed the first time you log-in. Passwords expire every 30 days. If you fail to activate the account within 30 days of notice, you will have to call the telephone number provided on the access screens for assistance.